

254015

STATE OF SOUTH CAROLINA

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

DOCKET
NUMBER: 2015 - 16 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Stanley Garvain DBA Garvin Tours
(Please type or print)
Submitted by: Stanley Garvain
Address: 185 Scenic Drive
St. Matthew S.C. 29135

Telephone: 803-682-5160 or 803-6555684
Fax: _____
Other: _____
Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

lod

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 1-2-15

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Garvin Tours LLC

155 Scenic Drive St. Matthew S.C. 29135
Street Address of Applicant

P. Garvain A yahoo.com

Mailing Address of Applicant (if different from street address)

Cell 803-682-5160 Office 803-655-5684

Phone

Fax

P. Garvain A yahoo.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Stanley Garvain 155 Scenic Drive St. Matthew S.C. 29135

Priscilla Joyce Garvain 155 Scenic Drive St. Matthew S.C. 29135

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE (See Attached)

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Stanley Garvain / Garvin Tours LLC
Name of Applicant

155 SCenic Drive St. Matthew S.C. 29135
Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 500,000 Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/02/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stephens & Associates Insurance, LLC PO Box 809 Goodlettsville TN 37070	CONTACT NAME:	PHONE (A/C No. Ext.): (615) 851-1800	FAX (A/C No.): (615) 859-5700
	E-MAIL ADDRESS:		
INSURED Stanley Garvain dba Garvin Tours 155 Scenic Drive Saint Matthews SC 29135	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Nova Casualty		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		NECCL00103211	04/15/14	04/15/15	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

1993 Prevost VIN# 2P9L33400P1001637

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Exhibit Fit, Willing, and Able (FWA)

Stanley Garvain / Garvin Tours
Name of Applicant

23794103

U.S.D.O.T No.

817076

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Stanley Garrison
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Richland)

SWORN TO BEFORE ME
This 2nd day of January, 2015

Celeste P Shaver
Notary Public

Commission Expires 02/11/2018

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1



South Carolina State Transport Police
P. O. Box 1993
<http://www.scdps.gov> --- <http://fmcsa.dot.g>
Blythewood, SC 29016
Phone: (803)896-5500 Fax: (803)896-5526

Report Number: SCS129006294
Inspection Date: 08/19/2013
Start: 10:20:00 AM ET **End:** 11:00:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

STANLEY GARVAIN
155 SCENIC DRIVE
SAINT MATTHEWS, SC 29135

USDOT#: 02379403 **Phone#:** (803)655-5684
MC/MX#: 817076 **Fax#:**
State#:

Driver:
License#: **State:**
Date of Birth:
CoDriver:
License#: **State:**
Date of Birth:

Location: LEXINGTON CNTY SECONDARY ROA **MilePost:**
Highway: **Origin:** LEXINGTON SC
County: LEXINGTON, SC **Destination:** LEXINGTON SC

Shipper:
Bill of Lading: NONE
Cargo: X - EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	PREO	1993	SC	BC4144	330		40,000			

BRAKE ADJUSTMENTS

Axle #	1	2	3
Right	3/4	2	1
Left	7/8	2	7/8
Chamber	C-24	C-30	C-12

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
396.5B	396.5(b)	1	N		N	N	Oil and/or grease leak under engine (most of the bottom area of engine is wet)

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks: No Data for Special Checks.

Failure to return this report with the required certification can result in penalties up to \$1,000 per day for each day the violation continues, up to a total of \$10,000.

Signature Of Repairer X: _____ Facility: _____ Date: _____

CARRIER CERTIFICATION: The undersigned certifies that all violations on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Material Regulations insofar as they are applicable to motor carriers and drivers. This certification MUST BE SIGNED by the Motor Carrier and RETURNED WITHIN 15 days to the: South Carolina State Transport Police, P.O. Box 1993, Blythewood, South Carolina 29016.

Signature Of Motor Carrier X: Stanley Garvain Title: Owner Date: 8-19-13

Report Prepared By:
TA SULLIVAN

Badge #:
129

Copy Received By:


Page 1 of 1



02379403 SC SCS129006294

X TA Sullivan

X Stanley Garvain

	USDOT# 2379403		Legal: STANLEY GARVAIN	
			Operating (DBA): GARVIN TOURS	
MC/MX #: 817076		State #:		Federal Tax ID:
Review Type: Safety Audit – New Entrant		Location of Review/Audit: State Field Office		
Scope: Entire Operation		Territory:		
Operation Types		Interstate	Intrastate	
Carrier:	Non-HM	N/A		
Shipper:	N/A	N/A		
Cargo Tank:	N/A			
		Business: Corporation		
		Gross Revenue: \$4900	for year ending: 8/19/2013	
Company Physical Address:				
155 SCENIC DRIVE SAINT MATTHEWS, SC 29135, UNITED STATES				
Contact Name: stanley Garvin				
Phone numbers: (1) 8036555684		(2) 8036825160	Fax	
E-Mail Address:				
Company Mailing Address:				
155 SCENIC DRIVE SAINT MATTHEWS, SC 29135, UNITED STATES				
Carrier Classification				
Authorized for Hire				
Cargo Classification				
Passengers				
Does carrier transport placardable quantities of HM? No				
Is an HM Permit required? No				
Driver Information				
	Inter	Intra	Average trip leased drivers/month: 0	
< 100 Miles:	0	0	Total Drivers: 1	
>= 100 Miles:	1	0	CDL Drivers: 1	
Equipment				
	Owned	Term Leased	Trip Leased	Owned Term Leased Trip Leased
Motor Coach	1	0	0	
Power units used in the U.S.:		1		
Percentage of time used in the U.S.:		100		





STANLEY GARVAIN (GARVIN TOURS dba)
USDOT#: 2379403

Review Date:
8/19/2013

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the Office of Motor Carriers at:

South Carolina State Transport Police, Motor Carrier Compliance Unit
10311 Wilson Blvd, Building D-2, Post Office Box 1993, Blythewood, SC 29016
Phone: (803) 896-2696 Fax: (803) 896-5526

This SAFETY AUDIT will be used to assess your safety compliance.

Person(s) Interviewed:

Name: Stanley Garvain ²¹⁴¹

Title: Owner





STANLEY GARVAIN (GARVIN TOURS dba)
USDOT#: 2379403

Review Date:
8/19/2013

Part B - Questions and Answers

An asterisk (*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

Question General # 1 Section # 387.7(a) Acute	Answer
Does the carrier have the required minimum level of financial responsibility in effect (property carrier)?	N/A

Question General # 2 Section # 387.7(d) Critical	Answer
Does the carrier have required proof of financial responsibility (property carrier)?	N/A

Question General # 3 Section # 387.31(a) Acute	Answer
Does the carrier have the required minimum level of financial responsibility in effect (passenger carrier)?	Yes

Question General # 4 Section # 387.31(d) Critical	Answer
Does the carrier have required proof of financial responsibility (passenger carrier)?	Yes

Question General # 5 Section # 13901 (392.9a(a)(1))	Answer
Is the motor carrier authorized to conduct interstate operations in the United States?	Yes

Question General # 6 Section # 390.15(b)(1)	Answer
Can the carrier provide a complete accident register of recordable accidents?	N/A

Question General # 7 Section # 390.15(b)(2) Critical	Answer
Does the carrier have copies of all accident reports required by States or other government entities or insurers?	N/A

Question General # 8 Section # 390.3(e)	Answer
Is the carrier knowledgeable of the FMCSRs/HMRs?	Yes

Question General # 9 Section # 390.21	Answer
Does the carrier know the commercial motor vehicles marking requirements?	Yes

Question Driver # 1 Section # 391.51(a) Critical	Answer
Does the carrier maintain driver qualification files?	No *

Additional Documents Required

Driver qualification files; Up to three (3) files which include newly hired drivers if applicable.

Comments

Stanley Garvain - 08/10/2013 to NC - Incomplete application for employment, Missing safety performance history check

Question Driver # 2 Section # 391.11(b)(4) Acute	Answer
Is the carrier using physically qualified drivers?	Yes

Question Driver # 3 Section # 391.45(a), 391.45(b) Critical	Answer
Is the carrier using a driver without a medical certificate or with an expired medical certificate?	No



Question Driver # 4 Section # 391.15(a) Acute Is the carrier using any disqualified drivers?	Answer No
Question Driver # 5 Section # 391.51(b)(2) Critical Does the carrier maintain driving inquiry data in driver qualification files?	Answer Yes
Question Driver # 6 Section # 382.115(a), 382.115(b) Acute Has the carrier implemented an alcohol and/or controlled substances testing program?	Answer Yes
Question Driver # 7 Section # 382.213(b) Acute Has the carrier used drivers who have used controlled substances?	Answer No
Question Driver # 8 Section # 382.215 Acute Has the carrier used a driver who has tested positive for a controlled substance?	Answer No
Question Driver # 9 Section # 382.201 Acute Has the carrier used a driver known to have an alcohol concentration of 0.04 or greater?	Answer No
Question Driver # 10 Section # 382.505(a) Acute Has the carrier used a driver found to have an alcohol concentration of .02 or greater but less than .04 within 24 hours of being tested?	Answer No
Question Driver # 11 Section # 382.301(a) Critical Has the carrier ensured that drivers have undergone testing for controlled substances prior to performing a safety sensitive function?	Answer Yes
Question Driver # 12 Section # 382.303(a) Critical Has the carrier conducted post accident testing on drivers for alcohol?	Answer N/A
Question Driver # 13 Section # 382.303(b) Critical Has the carrier conducted post accident testing on drivers for controlled substances?	Answer N/A
Question Driver # 14 Section # 382.305 Acute Has the carrier implemented random testing program?	Answer Yes
Question Driver # 15 Section # 382.305(b)(1) Critical Has the carrier conducted random alcohol testing at an annual rate of not less than the applicable annual rate or prorated rate of the average number of driver positions?	Answer N/A
Question Driver # 16 Section # 382.305(b)(2) Critical Has the carrier conducted controlled substance testing at the applicable prorated rate of not less than the applicable annual rate of the average number of driver positions?	Answer N/A
Question Driver # 17 Section # 40.305(a) Has the carrier conducted the required return-to-duty tests on employees returning to safety-sensitive functions?	Answer N/A
Question Driver # 18 Section # 40.309(a) Is the carrier conducting follow-up testing as directed by the Substance Abuse Professional?	Answer N/A

Question Driver # 19 Section # 382.211 Acute	Answer
Has the carrier used a driver who has refused to submit to an alcohol or controlled substances test required under Part 382?	No
Question Driver # 20 Section # 382.503 Critical	Answer
Has the carrier used a Substance Abuse Professional as required by 49 CFR Part 40 Subpart O?	N/A
Question Driver # 21 Section # 383.23(a) Critical	Answer
Has a driver operated a commercial motor vehicle without a current operating license, or a license, which hasn't been properly classed and endorsed?	No
Question Driver # 22 Section # 383.37(a) Acute	Answer
Has the motor carrier knowingly allowed it's drivers who's CDLs have been suspended, revoked or canceled by a state, have lost the right to operate a CMV in a State, or have been disqualified from operating a CMV to operate a commercial motor vehicle?	No
Question Driver # 23 Section # 383.51(a) Acute	Answer
Has the motor carrier knowingly allowed, required, permitted, or authorized a driver to drive who is disqualified to drive a commercial motor vehicle?	No
Question Operations # 1 Section # 395.1(e)(1), 395.1(e)(2)	Answer
Does the carrier have a system for recording hours of duty status on 100/150- mile radius drivers, and are they properly utilizing the 100/150 air-mile radius exemption?	N/A
Question Operations # 2 Section # 395.8(a) Critical	Answer
Does the carrier require drivers to make a record of duty status?	Yes
Question Operations # 3 Section # 395.8(i) Critical	Answer
Does the carrier require drivers to submit records of duty status within 13 days?	Yes
Question Operations # 4 Section # 395.8(k)(1) Critical	Answer
Can the carrier produce records of duty status and supporting documents for selected drivers?	Yes
Question Operations # 5 Section # 395.3(a)(1) Critical	Answer
Has the carrier allowed driver(s) to exceed the 11-hour rule? (Property)	N/A
Question Operations # 6 Section # 395.3(a)(2) Critical	Answer
Has the carrier allowed driver(s) to exceed the 14-hour rule? (Property)	N/A
Question Operations # 7 Section # 395.3(b)(1) Critical	Answer
Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? (Property)	N/A
Question Operations # 8 Section # 395.3(b)(2) Critical	Answer
Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? (Property)	N/A
Question Operations # 9 Section # 395.5(a)(1) Critical	Answer
Has the carrier allowed driver(s) to exceed the 10 hour rule? (Passenger)	No
Question Operations # 10 Section # 395.5(a)(2) Critical	Answer
Has the carrier allowed driver(s) to exceed the 15 hour rule? (Passenger)	No

Question Operations # 11 Section # 395.5(b)(1) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? (Passenger)	Answer No
Question Operations # 12 Section # 395.5(b)(2) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? (Passenger)	Answer N/A
Question Operations # 13 Section # 395.8(e) Critical Does available evidence indicate a selected driver has prepared a false record of duty status?	Answer No
Question Operations # 14 Section # 392.2 Critical Does the motor carrier ensure that drivers operate commercial motor vehicles in accordance with the laws, ordinances, and regulations of the jurisdictions in which they are operating?	Answer Yes
Question Operations # 15 Section # 392.9(a)(1) Critical Does the carrier ensure that drivers are not permitted to drive a vehicle without the cargo properly distributed and adequately secured?	Answer N/A
Question Operations # 16 Section # 392.4(b) Acute Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, narcotic drugs, amphetamines, or any other substances capable of rendering the drivers incapable of safely operating motor vehicles?	Answer No
Question Operations # 17 Section # 392.5(b)(1) Acute Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, intoxicating beverages?	Answer No
Question Operations # 18 Section # 392.5(b)(2) Acute Have any drivers operated a commercial motor vehicle within 4 hours of having consumed intoxicating beverages?	Answer No
Question Maintenance # 1 Section # 396.3(b) Critical Can the carrier produce maintenance files for requested vehicle(s)?	Answer Yes
Question Maintenance # 2 Section # 396.17(a) Critical Can the motor carrier produce evidence of periodic (annual) inspections for selected vehicles?	Answer Yes
Question Maintenance # 3 Section # 396.11(a) Critical Does the motor carrier require drivers to complete vehicle inspection reports daily?	Answer N/A
Question Maintenance # 4 Section # 396.11(c) Acute Does the carrier ensure that out-of-service defects listed by the driver in the driver vehicle inspection reports are corrected before the vehicle is operated again?	Answer N/A
Question Maintenance # 5 Section # 396.9(c)(2) Acute Does the carrier ensure vehicles that have been declared "out-of-service" do not operate before repairs have been made?	Answer N/A
Question Maintenance # 6 Section # 396.19 Is the carrier using qualified inspectors (mechanic) and maintaining evidence of the inspector's qualifications?	Answer Yes
Question Maintenance # 7 Section # 396.3 Can the carrier explain its systematic, periodic maintenance program?	Answer Yes



Question Other # 1 Section # 375.211 Does the carrier participate in an Arbitration Program?	Answer N/A
Question Other # 2 Section # 13702.0 Does the carrier assess shipper freight charges based upon published tariffs?	Answer N/A
Question Other # 3 Section # 375.401(c) Does the carrier provide reasonably accurate estimates of moving charges?	Answer N/A
Question Other # 4 Section # 375.407(a), 375.703(b) Has the carrier avoided "hostage freight" or other predatory practices?	Answer N/A
Question Other # 5 Section # 387.301(a), 387.301(b) Does the HHG carrier have sufficient levels of public liability and cargo insurance?	Answer N/A
Question Other # 6 Section # 375.215 Does the carrier have a published tariff and is the motor carrier changing the applicable rate (375.215).	Answer N/A
Question Other # 7 Section # 375.213 Can the motor carrier identify the five documents required to be given to a prospective individual shipper prior to executing an order for service?	Answer N/A
Question Other # 8 Section # 49 CFR 37 subpart H Does the carrier have the means to provide accessible over-the-road bus (OTRB) service on a 48-hour advance notice basis by its owned or leased OTRBs?	Answer Yes
Question Other # 9 Section # 49 CFR 37 subpart H If the carrier does not have the means then does the carrier have an arrangement with another carrier that operates accessible OTRBs?	Answer Yes

Note: No Hazardous Materials questions were asked because the carrier does not carry Hazardous Materials in Interstate Commerce.



STANLEY GARVAIN (GARVIN TOURS dba)
USDOT#: 2379403

Review Date:
8/19/2013

Part B

Your Proposed Safety Audit Result is: PASS

Explanation of Scoring Methodology

Factor	Failed Questions		Performance Test Status	Total Points	Factor Status
	Critical	Acute			
1. General	0	0	—	0	PASS
2. Driver	1	0	—	1	PASS
3. Operations	0	0	—	0	PASS
4. Maintenance	0	0	PASS — 0.00 %	0	PASS
5. Hazardous Materials	—	—	—	—	—
6. Accidents	—	—	PASS — 0.00	—	PASS
SUM	1	0		1	PASS

Result: Carrier has adequate basic safety management controls in place.

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

HOW THE SA IS SCORED

FACTORS - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question & Answer Report lists the CFR section numbers related to each question.

CRITICAL/ACUTE - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

OUT OF SERVICE (OOS) RATE - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been more than three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is over 34%, one additional point is assigned to that factor.

CRASH FACTOR - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or the non-urban carrier crash rate exceeds 1.5.

OVERALL STATUS DETERMINATION - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.





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Part B Requirements and/or Recommendations

1. Ensure that drivers provide a 10-year employment history on their employment application.
2. Ensure that all drivers are fully and properly qualified before operating in interstate commerce. Maintain a complete file as required for each driver, documenting the qualification process.
3. Laboratory must transmit aggregate statistical summary on semi-annual basis
4. Ensure that each drug-test is conducted using the "split-sample" method of collection.
5. Use of radar detectors or similar devices on commercial vehicles is illegal. Do not require or permit drivers to use them. Take appropriate disciplinary action against drivers if they are using such devices.
6. Do not schedule or require drivers to make trips requiring them to exceed posted speed limits in order to complete the run within the hours of service limits.
7. Ensure that all documents supporting records of duty status (such as toll, fuel repair and other on-the-road expense receipts, as well as invoices, bills of lading, dispatch records, etc.) are kept on file for at least 6 months.
- 8.

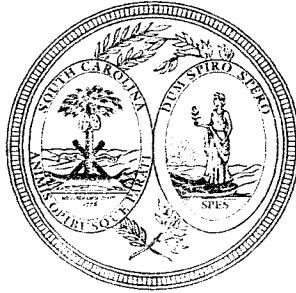
You are encouraged to review your company's safety record at the following website: <http://ai.fmcsa.dot.gov/sms>. You will need to use your PIN number that has been provided by FMCSA.

Also visit <https://portal.fmcsa.dot.gov> which provides real time data and the opportunity to review you safety data. Registration and access is free.

9. If you have any questions concerning this report, please contact the South Carolina State Transport Police, Motor Carrier Compliance Unit, 10311 Wilson Blvd., Building D-2, Post Office Box 1993, Blythewood, SC. 29016. Phone: 803-896-2696. FAX: 803-896-5526.



The State of South Carolina



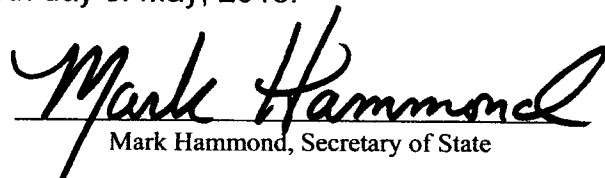
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

GARVIN TOURS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 20th, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
20th day of May, 2013.


Mark Hammond, Secretary of State